



**Standard Application Form for
Agricultural Permit Transfer of
Ownership or Operation**

Please Type or Print

Section 1 – FACILITY INFORMATION

DATE _____ FACILITY NUMBER _____ ND _____

A TRANSFER OF OWNERSHIP _____ OR A TRANSFER OF OPERATION BY LEASE AGREEMENT _____

PERMIT NUMBER _____ DATE ISSUED _____

FARM NAME _____

COUNTY _____ COMMUNITY _____

LOCATION _____

DATE OF TRANSFER _____

Section 2 – CONTACT INFORMATION

NEW FACILITY OWNER _____

ADDRESS _____

PHONE NUMBER (WORK) _____ (HOME) _____ (CELL/BEEPER) _____

ORIGINAL FACILITY OWNER _____

ADDRESS _____

PHONE NUMBER (WORK) _____ (HOME) _____ (CELL/BEEPER) _____

NEW OPERATOR'S NAME _____

ADDRESS _____

PHONE NUMBER (WORK) _____ (HOME) _____ (CELL/BEEPER) _____

Section 3 – MANURE MANAGEMENT

NUMBER OF ACRES TRANSFERRED/LEASED _____

NUMBER OF HOUSES TRANSFERRED/LEASED _____

ANY TREATMENT/STORAGE STRUCTURES TRANSFERRED/LEASED _____

MANURE HANDLING: DRY or WET

ARE YOU PLANNING TO LAND APPLY THE MANURE? YES or NO

ARE YOU PURCHASING OR LEASING THE MANURE UTILIZATION AREAS? YES or NO

HOW WILL MANURE PRODUCED AT THE FACILITY BE HANDLED? _____

NEXT PROJECTED MANURE CLEAN-OUT DATE? _____

ANY TEMPORARY MANURE HANDLING PLANS? _____

ARE YOU UTILIZING CONTRACT DISPOSAL OF MANURE WITH BROKER? YES or NO

NAME OF BROKER _____

METHOD OF DEAD ANIMAL DISPOSAL _____

ARE YOU A CERTIFIED MANURE MANAGER? YES or NO TRAINING DATE _____

Section 4 – ANIMAL TYPES & NUMBERS

AVERAGE ANIMAL LIVE WEIGHT = $\frac{\text{average exit weight} + \text{average entry weight}}{2} = \frac{(\quad) + (\quad)}{2} = \quad$ pounds

Type(s) of Animals	Maximum # of Animals (at any one time)	Normal Production Animal Live Weight (pounds)	Manure Produced (tons/yr or gal/yr)	Additional Scraped Solids or Compost (tons/yr)	Acres for Land Application

- ◆ AN UPDATED ANIMAL FACILITY MANAGEMENT PLAN MAY BE REQUIRED TO BE SUBMITTED WITHIN 6 MONTHS OF THE PERMIT TRANSFER, OR THE PERMIT MAY BE REVOKED.

Section 6 - CERTIFICATION

I HEREBY CERTIFY THAT ALL OPERATIONS, MAINTENANCE AND ASSOCIATED ACTIVITY PERTAINING TO THIS SITE SHALL BE ACCOMPLISHED PURSUANT TO AND IN KEEPING WITH THE TERMS AND CONDITIONS OF THE APPROVED PLANS. I HAVE READ THIS APPLICATION AND AGREE TO THE REQUIREMENTS AND CONDITIONS THAT ARE CONTAINED WITHIN. THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I HEREBY GRANT AUTHORIZATION TO THE DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL THE RIGHT OF ACCESS TO THE SITE AT ALL REASONABLE HOURS FOR THE PURPOSE OF SAMPLING AND ON SITE INSPECTIONS.

Printed Name /New Owner or Leasee

Signature/New Owner or Leasee

I HEREBY CERTIFY THAT I AM TRANSFERRING OWNERSHIP OF THE ABOVE LISTED ACREAGE AND AGRICULTURAL BUILDINGS AND/OR MANURE TREATMENT/STORAGE STRUCTURES TO THE NEW FACILITY OWNER.

Printed Name/Original Facility Owner

Signature/Original Facility Owner

APPLICATION INSTRUCTIONS - Agricultural Animal Facility Permit Transfer of Ownership or Operation

Purpose:

This form must be completed and submitted for DHEC approval for the transfer of ownership or operation of agricultural animal facilities

Item-by-Item Instructions:

Section 1 - Facility Information.

Date: Enter the date of application.

Facility Number: Leave blank, the Department will provide the facility number.

Transfer type: Indicate whether this is an application for a transfer of ownership or for a transfer of operation by lease agreement.

Permit Number: Provide the permit number for the permitted facility.

Date Issued: Provide the date on which DHEC issued the permit.

Farm Name: Give the name of the agricultural animal facility.

County: Give the county in which the facility is located.

Community: Give the name of the community in which the facility is located.

Location: Give directions to the facility from the nearest town or state road.

Date of Transfer: Enter the projected date of closing on the property/facility transfer of ownership or operation.

Section 2 - Contact Information.

New Facility Owner: Enter the name, address and phone number of the new person who will legally own the property on which the agricultural animal facility is located.

Previous Owner's Name, Address, and Phone Number: Enter the name, address and phone number of the person from whom the facility is being purchased.

New Operator's Address, Phone Number: Enter the contact information for the new facility operator (if different).

Section 3 – Manure Management.

Number of acres transferred/leased: Enter the number of acres included in this transfer.

Number of houses transferred/leased: Enter the number of houses or animal barns included in this transfer.

Treatment/Storage Structures transferred/leased: Enter a description of any manure treatment or storage structures that are included in this transfer (if applicable).

Manure Handling: Circle DRY or WET to indicate the type of manure handling for this operation.

Land Application: Circle YES or NO to indicate whether the manure will be land applied.

Manure Utilization Areas: Circle YES or NO to indicate whether the manure utilization areas of fields that are in the current manure management plan for this facility are being purchased or leased.

Manure Handling: Indicate the method of manure handling proposed for this facility.

Next Manure Clean-out Date: Provide the estimated approximate date of the next manure clean out for this facility.

Temporary Manure Handling: If the method of manure handling proposed for this facility will not be submitted at this time, then provide the plan for handling the manure until the updated manure management plan can be submitted.

Manure Broker: Circle YES or NO to indicate whether a manure broker will be used for contract disposal of the manure from this facility and provide the name of the broker to be used (if applicable).

Method of Dead Animal Disposal: Identify the method of dead animal disposal planned for this facility.

Certified Manure Manager: Circle YES or NO to indicate whether the operator has attended the certified manure manager's training and certification class conducted by Clemson Extension Service. Indicate the date on which the certification or training was obtained.

Section 4 – Animal Types & Numbers.

Average Animal Live Weight: Calculate the average weight of one animal unit by taking the average exit weight plus the average entry weight and divide by two.

Type of Animal Operation: The animal type that is proposed to be grown at this facility (i.e. swine, dairy, turkey, poultry, etc....).

Maximum # of Animals (at any one time): The maximum number of animals at the facility at any one time.

Normal Production Animal Live Weight (lbs): The maximum number of animals at the facility at any one time multiplied by the average animal live weight of those animals.

Total Manure Produced (tons/year or gal/year): The amount of manure produced by the animals in the span of one year. This amount should be represented in tons per year for dry manure and in gallons per year for wet manure.

Additional Scraped Solids or Compost: Provide the amount of manure that will be scraped or handled separately from the primary treatment/storage method or any compost that is produced at the facility.

Acres for Land Application: The value here should be the number of acres available, that you are designating as manure utilization areas.

Section 5 – Certification.

For this section, please read the certification statements and have the appropriate person(s) sign the certification.

DHEC Processing Procedures:

Two (2) copies of the submittal package are submitted to DHEC. After Permitting, DHEC files the original in the main project file, located in DHEC's central office. DHEC sends a copy of the approved package to the appropriate EQC District Office.